

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/049145
APPLICANT(S)

FILED DATE

FILED		CLAIMS									
	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
		IND.	DEP.	IND.	DEP.						
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS